

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Rachel</i>		10-10-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>Ted</i>	<i>JC 1147</i>	11/07/01
RESPONSE FORMALITY REVIEW	<i>SG</i>	<i>1077</i>	3/6/02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	10/10/01
2	✓	✓	10/10/01
3	✓	✓	10/10/01
4	✓	✓	10/10/01
5	✓	✓	10/10/01
6	✓	✓	10/10/01
7	✓	✓	10/10/01
8	✓	✓	10/10/01
9	✓	✓	10/10/01
10	✓	✓	10/10/01
11	✓	✓	10/10/01
12	✓	✓	10/10/01
13	✓	✓	10/10/01
14	✓	✓	10/10/01
15	✓	✓	10/10/01
16	✓	✓	10/10/01
17	✓	✓	10/10/01
18	✓	✓	10/10/01
19	✓	✓	10/10/01
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28	✓	✓	10/10/01
29	✓	✓	10/10/01
30	✓	✓	10/10/01
31	✓	✓	10/10/01
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42	✓	✓	10/10/01
43	✓	✓	10/10/01
44	✓	✓	10/10/01
45	✓	✓	10/10/01
46	✓	✓	10/10/01
47	✓	✓	10/10/01
48	✓	✓	10/10/01
49	✓	✓	10/10/01
50	✓	✓	10/10/01

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

*RECEIVED
 10/10/01*

11/10/01